



Clinical Concordance

Women's Wellness Connection

eCaST will not automatically close a clinical cycle for payment when:

- A CBE result is entered in eCaST as “suspicious for cancer” and
- Only one mammogram was completed (screening or diagnostic) with no additional diagnostic procedures or repeat CBE.

An abnormal CBE even in the presence of a BI-RADS 1 or 2 finding on a screening or diagnostic mammogram requires further investigation.

WWC recognizes that there are cases in which a woman with an abnormal CBE is sent for diagnostic imaging and only a mammogram is completed by the radiologist. Although the radiologist may consider his or her diagnostic work-up complete, this does not mean that the clinician who found the abnormality should consider the work-up complete. Both the CBE and diagnostic imaging results must be considered concordant before the diagnostic evaluation is considered complete. **Clinical concordance is typically achieved by:**

- By repeating the CBE within 30 days and comparing it with the imaging result, or
- The ordering clinician comparing the imaging findings with the abnormal CBE documentation to ensure that the abnormality is explained by the imaging

If the imaging results do not explain the abnormal CBE (i.e. are discordant), the patient should be referred for further evaluation.

If you have a WWC client who has a CBE entered in eCaST as “suspicious for cancer,” a BI-RADS 1 or 2 mammogram and no further diagnostic procedures or repeat CBE, you will need to contact the WWC Nurse Consultant to close the case for payment.

Please let the Nurse Consultant know that:

- The patient's provider has reviewed the case for clinical concordance and recommends no further follow up of the abnormal CBE, or
- A repeat CBE to reassess the abnormal finding has been recommended to the patient.

The WWC Nurse Consultant will then approve the cycle for closure and payment.

Please contact the WWC Nurse Consultant with questions at: 303-692-2323.